

CHECK ONE:

RENEWAL _____

NEW LOCATION _____

**DEPARTMENT OF INSURANCE
STATE FIRE MARSHAL'S OFFICE****(334) 241-4166****DATE STAND WILL BE READY****ON SITE:** _____**APPLICATION FOR FIREWORKS PERMIT****MAILING ADDRESS:**

P O BOX 303352

MONTGOMERY, AL 36130-3352

OVERNIGHT ADDRESS:

201 MONROE STREET, SUITE 1790

MONTGOMERY, AL 36104

PERMIT APPLIED FOR:☐ MANUFACTURER \$2,000☐ DISTRIBUTOR \$2,000☐ WHOLESALE \$700☐ RETAILER \$200☐ SEASONAL RETAILER 6/20 TO 7/10 & 12/15 TO 01/02 ONLY \$200☐ SEASONAL RETAILER 12/15 TO 01/02 ONLY \$100

IF BUILDING OR STAND IS MOVED, THE PERMIT IS AUTOMATICALLY VOIDED
DEADLINE FOR SEASONAL SALES: APPLICATIONS MUST BE RECEIVED BY 05/15 AND 11/15

(REQUIRED)

NAME OF APPLICANT: _____ STATE SALES TAX NUMBER: _____

DATE OF BIRTH: _____ TELEPHONE: HOME: (____) _____ WORK: (____) _____

NAME OF BUSINESS: _____

COMPLETE MAILING ADDRESS: _____

(STREET ADDRESS OR POST OFFICE BOX)

(CITY) _____ (STATE) _____ (ZIP) _____

LOCATION OF BUSINESS: _____

(STREET OR HIGHWAY)

(NEAREST HIGHWAY MILE MARKER)

(CITY) _____ (STATE) _____ (COUNTY) _____

ALL COMPANY NAMES & ADDRESS FIREWORKS PURCHASED FROM: _____

(COMPANY)

(ADDRESS) _____ (CITY & STATE) _____ (____) _____

(____)

(TELEPHONE NUMBER)

I HEREBY SUBMIT THIS APPLICATION AND FEE FOR A FIREWORKS PERMIT. I SWEAR/AFFIRM THAT ALL INFORMATION PROVIDED IS TRUE AND CORRECT. I UNDERSTAND THAT THE SUBMISSION OF FALSE INFORMATION MAY RESULT IN CRIMINAL ACTION BEING TAKEN AGAINST ME.

(SIGNATURE OF APPLICANT) _____ (SOCIAL SECURITY NUMBER) _____ (DATE) _____

**.....
PROVIDE ALL INFORMATION REQUESTED ABOVE THIS LINE****DO NOT WRITE BELOW THIS LINE
.....**

DATE OF INSPECTION _____ DATE OF REPORT _____ NO. OF STORIES _____

TYPE OF CONSTRUCTION _____ BUILDING IN _____
GOOD REPAIR _____ SPRINKLERED _____**MARK X IF VIOLATION OF THESE REQUIREMENTS:**

FIREWORKS MAY NOT BE LOCATED IN OR NEAR WINDOWS

"FIREWORKS - NO SMOKING" SIGNS WITH 4" LETTERS POSTED

FIREWORKS MUST NOT BE WITHIN 50' OF FLAMMABLE VAPORS

ONLY CLASS C FIREWORKS PERMITTED - NO CLASS B - UNLESS MANUFACTURER OR DISTRIBUTOR

ALL FIREWORKS MUST BE CORRECTLY LABELED/PACKAGED/STORED

ALL ELECTRICAL EQUIPMENT & WIRING MUST COMPLY WITH NATIONAL ELECTRICAL CODE, NFPA 70

FIRE EXTINGUISHERS MUST BE A MINIMUM 10# A-B-C TYPE (4A 60 BC)

ADEQUATE EXITS, WITH SIGNS ARE PRESENT

EXITS MUST BE LIGHTED, UNLOCKED, AND UNOBSTRUCTED

NO OUTDOOR BURNING, EXCESSIVE COMBUSTIBLE WASTE, EXCESSIVE GRASS OR WEEDS PERMITTED

GAS HEAT NOT PERMITTED WITHIN 50' OF FIREWORKS

ELECTRICAL HEAT NOT PERMITTED WITHIN 10' OF FIREWORKS

REPORTED BY: _____